



HOPEWELL TOWNSHIP

1700 CLARK BOULEVARD
ALIQUIPPA, PA 15001
PHONE: 724-512-0156
FAX: 724-512-0154

APPLICATION FOR SANITARY SEWER CONNECTION

(NEW SANITARY SEWER CONSTRUCTION)

Date: _____

Name of Applicant: _____

Present Address: _____

Phone Number: _____ e-mail: _____

Parcel No.: _____

Signature: _____

I/We, the undersigned, do hereby make application to connect a _____ story building to be used as a _____ into the Hopewell Township Sanitary Sewer System.

The property address is _____ and the sewer line into which connection is being requested is located _____. The referenced property is served by and accessible to the above listed Hopewell Township Sanitary Sewer System.

I/We understand that the Sanitary Sewer Tap-In Fee will be based upon Hopewell Township's Rules and Regulations. Sanitary Sewer Tap-In Fees are determined per EDU, and increase for each EDU or portion thereof as set forth in the Rules and Regulations.

Sanitary Sewer Tap-In Fee: _____ per EDU Check Number/Date: _____

HOPEWELL TOWNSHIP ACTION

Application approved this _____ day of _____, _____, in payment of \$ _____ received by _____ Hopewell Township.

Application reviewed this _____ day of _____, _____, and rejected because _____

Signed: _____

SEWER DEPARTMENT APPROVAL

Inspection of sanitary sewer lateral connection made this _____ day of _____, _____. Approval is hereby given to cover the sanitary sewer lateral.

Signed: _____

NOTICE OF CONNECTION

The Applicant agrees to provide 48 hours notification to the Sewer Department (Phone (724) 378-4875) of the date of the proposed connection and will allow inspection of the sanitary sewer lateral connection into Hopewell Township's sanitary sewer lines before same are covered. The Applicant agrees to uncover the sanitary sewer lateral should he/she fail to secure the required inspection of Hopewell Township.